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SPF SIG Training Manual
Section 3
Strategic Prevention Framework Process

OBJECTIVE: To comprehend and be able to use the Strategic Prevention Framework 5 Step process, logic model concept and specific state-level priority logic models.

This section is meant to complement the Substance Abuse Prevention Specialist Training (SAPST) that you have received or will receive. The SAPST training explains the Strategic Prevention Framework (SPF) process in detail; this section touches upon the process, elaborates on how the state has engaged in the process, and explains how the communities will engage in it. Please refer to your SAPST training materials for additional information on the SPF process. Also included in this section is a brief explanation of the community logic model theory. This logic model demonstrates the way the SPF process is meant to work. Lastly, Utah's state-level priority logic models will be explained.

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The Strategic Prevention Framework Process Overview
The Strategic Prevention Framework Process is comprised of five main steps – Assessment, Capacity, Planning, Implementation, and Evaluation. In addition to these steps, there are two more cross cutting components, Sustainability and Cultural Competency, which need to be addressed throughout the entire process.
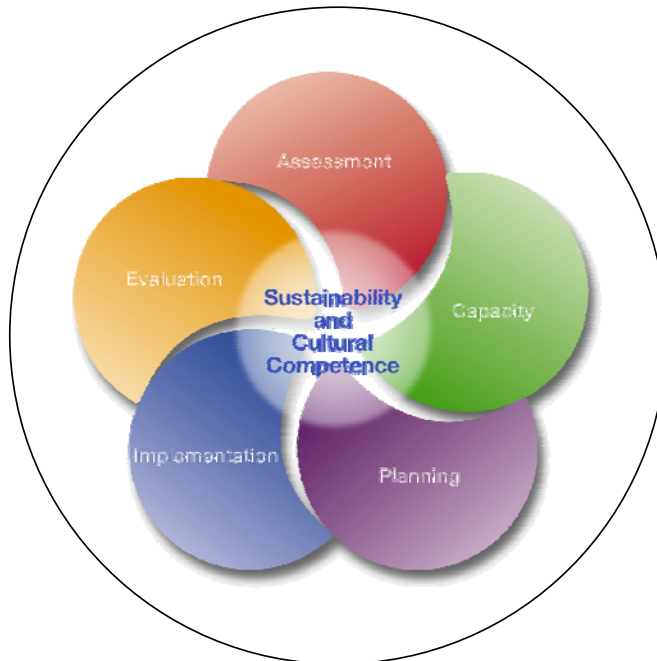
Assessment
This Step assesses substance use and related problems of substance use in your community. You will also complete an assessment of resources, gaps, and readiness. Assessment leads to recommendations regarding community priorities. It ultimately answers the question, "What is going on in my community?"

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Capacity

Capacity looks at the resources, people, partnerships, coalitions, and skills essential to the successful implementation of prevention plans. Capacity involves mobilizing resources, engaging stakeholders, partnerships with the community, building coalitions, developing readiness, and keeping a focus on cultural competency, sustainability and evaluation.

Planning

Within this step you will create a comprehensive, logical, and data driven plan to address the problems identified in Step 1 using the capacity built or mobilized in Step 2. The plan includes Strategic Goals, Objectives, and Performance Targets, as well as Logic Models and in some cases Action Plans.

Implementation

Implementation requires you to take action as guided by the Strategic Plan developed in Step 3. You will also develop detailed action plans for elements of your intervention, including balancing fidelity of implementation with adaptation. Finally, you will need to develop a final detailed evaluation plan that includes process and outcome measurements and continual monitoring of implementation fidelity.

Evaluation

Evaluation includes process evaluation, collection of required outcome data, review of policy, program, and practice effectiveness, and the development of recommendations for quality improvement.

Cultural Competence

Cultural competence can be defined as "a set of congruent behaviors, attitudes and policies that come together in system, agency or among professionals and enable that system agency or those professionals to work effectively in cross-cultural situations." (The Lewin Group, 2002)

Sustainability

Keep in mind that sustainability applies to more than funding. With the SPF process we are looking at sustaining outcomes, not programs. You need to think sustainability from the beginning. Look to the system to sustain outcomes. Sustain prevention by making it everyone's job! Sustainability can include structures and formal linkages, champion and leadership actions, resources, administrative policies and procedures, expertise (training), and maintaining ownership among stakeholders.

This process is driven by the data you have available and will collect along with your evaluation results. If you use the SPF process with fidelity, you will find success. The State continues to go through the SPF process as well. As part of the assessment step, the State convened the State Epidemiological Outcomes Workgroup that then produced the Epidemiological Profile for the State of Utah. We continue to gather available data to assist in the assessment role. For capacity building, the State hired and trained staff in the SPF process. The State has developed a State Strategic Plan as part of the planning step. As the Communities go through the SPF process, we will assist you and be going through the process with you.
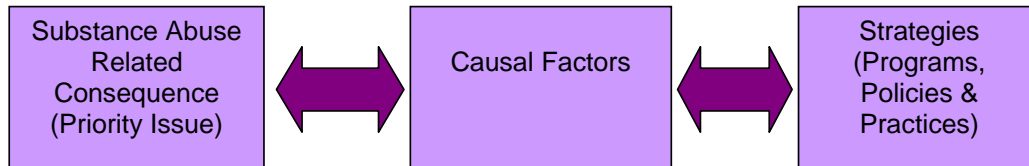
State-level Priority Logic Models

To assist the communities, the Project Management Team along with Bach Harrison has developed state-level Priority Specific Logic Models to identify what causal factors *may* impact each priority. In general, the SPF logic models follow the following format:

Substance Abuse Related Consequence (Priority Issue)	⬄	Causal Factors	⬄	Strategies (Programs, Policies & Practices)

The left side of the logic model identifies the consequence of interest (as well as the consumption patterns that contribute to the issue). This would be the identified priorities for Utah – alcohol related motor vehicle crashes (ARMVC) and prescription narcotic related morbidity and mortality (PNMM). This box highlights the need for data to assist in identifying the priority or focus.

The middle box represents Causal Factors. Causal Factors are variables that are unique to each community and contribute to the priority issues. These may include, but are not limited to, things such as promotion, community norms, law enforcement, lack of knowledge, or availability. The causal factors directly impact the priority issue and its related consumption patterns. It should be pointed out that the causal factors are not the same for both priorities.

The last box represents strategies communities will implement in order to impact the Causal Factors and ultimately the consumption and consequences of the priority issue. Because strategies must be directly linked to the Causal Factors, they cannot be identified until the Causal Factors are identified.

The key point here is that each community is different – while the priority may be the same, the factors and how to address those factors may vary. So while one area may select a program, another may implement a policy or environmental strategy. It is important to let the data that are available help guide you in making the decisions on strategies.

Alcohol Related Motor Vehicle Crashes

First we will look at the Alcohol Related Motor Vehicle Crashes (ARMVC) logic model. It should be clear that the substance abuse related consequence is ARMVC. Indicators of this consequence include *injury, property damage* and *fatalities* resulting from alcohol related motor vehicle crashes. These indicators are explained more fully in SPF SIG Training Manual Sections 4 and 5A.

Consequences	Consumption	Causal Factors	Strategies
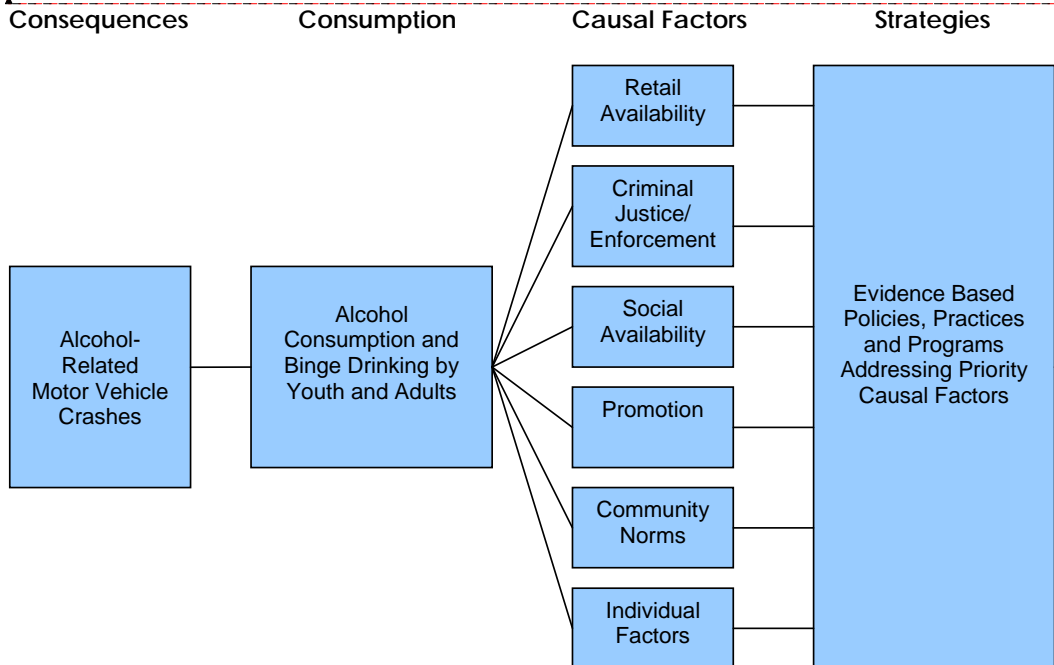
In addition to the consequence data, the logic model outlines the consumption patterns that may contribute to ARMVC. These include *drinking and driving, binge drinking, heavy problem drinking,* and *30 day use.* These indicators are explained more fully in SPF SIG Training Manual Sections 4 and 5A.

In the ARMVC logic model, the causal factors identified that may contribute to the consequence and consumption patterns are *retail availability, criminal justice/law enforcement, social availability, promotion, community norms,* and *individual factors.* Examples of contributing factors for each causal factor are listed below. This is not a comprehensive list; these factors are explained more fully in SPF SIG Training Manual Sections 4 and 5A.

❖ Retail availability – Retail availability refers to the availability of alcohol through retail outlets. It may refer to the density of retail outlets, the ability of underage drinkers to obtain alcohol illegally through retail outlets, ways in which retail outlets encourage or allow drinking and driving or additional ways that you may identify in your community.

❖ Criminal justice/enforcement – Enforcement or perception of enforcement of alcohol laws may be an important deterrent to problem alcohol use at both the state and community levels. Ask if there is enforcement of alcohol related law violations, particularly those related to drinking and driving, or lack of prosecution of alcohol related offenses.

❖ Social availability – Social availability refers to the ways in which people obtain alcohol through social ties such as family members, friends, and the like. This includes both providing underage drinkers with alcohol as well as ways in which social availability encourages excessive drinking among of-age drinkers.

❖ Promotion – Promotion involves things such as low price specials by both on-premise and off-premise alcohol outlets that contribute to drinking patterns in your community. Another way to review this factor is to look at the promotion of alcohol occurring through newspapers, billboards, TV or other media outlets. You may come up other ways promotion encourages heavy drinking and drinking and driving in your community.

❖ Community norms – Community norms are the informal rules of acceptable behavior that apply in community settings. Community norms can encourage or discourage problem alcohol-related behaviors.

❖ Individual factors – The individual factor category refers to a cluster of variables that characterize an individual's risk for engaging in problematic alcohol consumption. These individual factors may pertain to an individual's attitudes, temperament, genetic predisposition, family relations, etc. that affect their likelihood of engaging in problematic drinking.
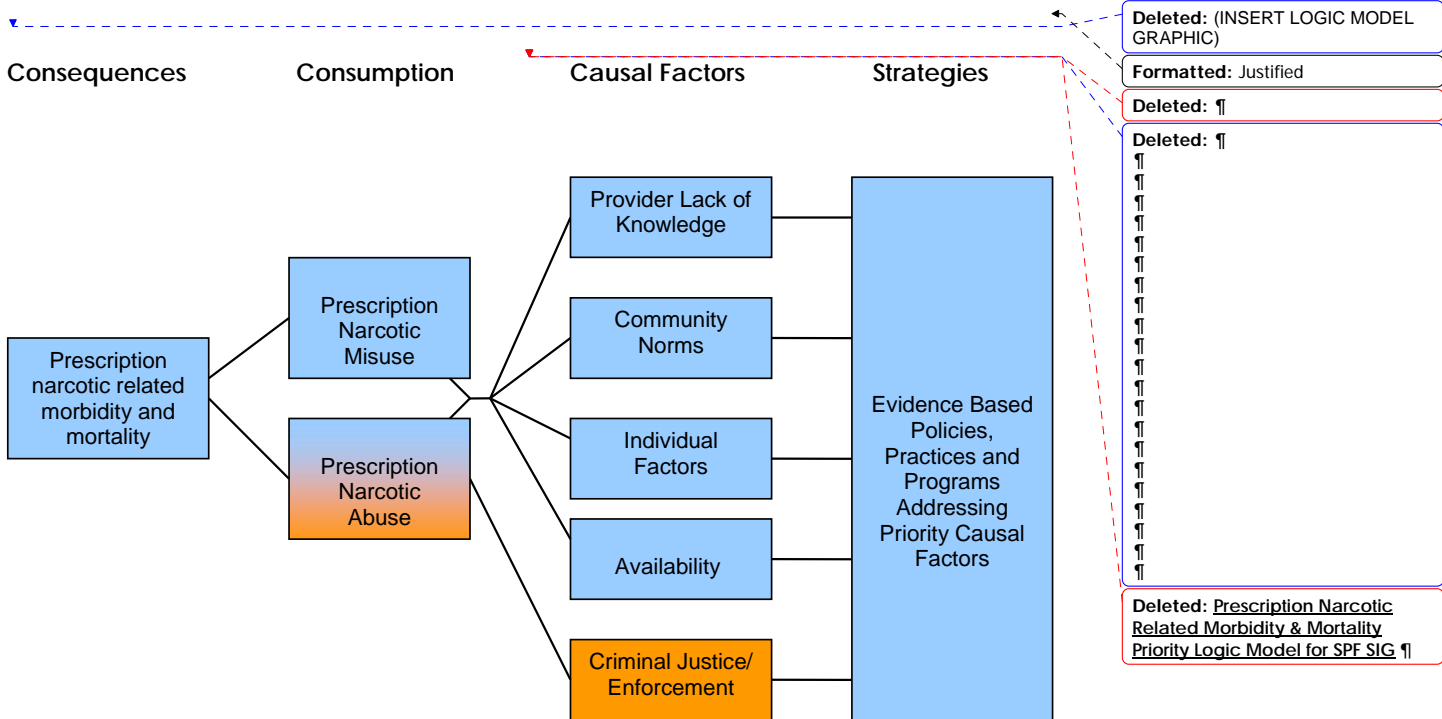
Prescription Narcotic related Morbidly and Mortality

The Prescription Narcotic related Morbidity and Mortality (PNMM) logic model is presented below. The consequence indicators for this priority are *non-illicit drug deaths* and *emergency department encounters due to narcotics overdose.* These indicators are explained more fully in SPF SIG Training Manual Sections 4 and 5B.

Consequences	Consumption	Causal Factors	Strategies

Provider Lack of Knowledge

Prescription Narcotic Misuse

Community Norms

Prescription narcotic related morbidity and mortality

Individual Factors

Prescription Narcotic Abuse

Evidence Based Policies, Practices and Programs Addressing Priority Causal Factors

Availability

Criminal Justice/ Enforcement

The consumption patterns that contribute to PNMM that we will address are *30-day use rates, lifetime use rates, past year use rates, shipment amounts,* and *Poison Control Center calls.* These indicators are explained more fully in SPF SIG Training Manual Sections 4 and 5B.

For the PNMM logic model, the potential causal factors identified are *provider lack of knowledge, individual factors, availability, criminal justice/law enforcement,* and *community norms.* Examples of contributing factors for each causal factor are listed below. This is not a comprehensive list; these factors are explained more fully in SPF SIG Training Manual Sections 4 and 5B.

❖ Provider lack of knowledge – Provider lack of knowledge refers to ways that health care professionals with prescription privileges (physicians, dentists, etc.) and pharmacists might inadvertently contribute to prescription narcotic misuse and abuse.

❖ Individual Factors - Individual factors refer to characteristics about individuals within your community that may affect their likelihood of abusing or misusing prescription narcotics. Individual factors can be similar to community norms in content, but refer to individuals rather than communities. Examples of individual factors include attitudes about prescription narcotics, including perceived risk of harm about sharing prescription drugs. Other individual factors include knowledge of proper use.

❖ Availability – Availability refers to the availability of prescription narcotics to members of your community by any means. It may refer to sharing between friends and family or it could refer to fraudulent prescriptions obtained for personal use or resale.

❖ Criminal justice/enforcement – Criminal Justice/Enforcement refers to the likelihood that individuals who abuse prescription narcotic drugs or otherwise break prescription drug laws (such as illegally obtaining or distributing prescription narcotics) will be discovered and penalized by the criminal justice system. Another aspect with this factor is the perception of enforcement by the community.

❖ Community Norms - Community norms refer to attitudes or practices that are common in your community that might directly or indirectly contribute to prescription narcotic morbidity and mortality. One important norm is perceived risk. You may look to see if community norms favorable towards prescription drug misuse and abuse. Some questions to ask are: What is the community's perception regarding the acceptability of sharing prescription drugs with family or friends (who have similar ailments)? What are the community norms regarding how to deal with leftover or extra pills? What is the community's perception of harm in using Rx Drugs in a non-directed manner? What is the community's perceptions regarding the general safety of using prescription narcotics?

The Strategic Prevention Framework 5 Step process and the Priority Logic Models assist us in identifying the needs of our communities and then selecting the appropriate strategies to address the consequences of the substance abuse issues.

Community-Level Logic Models

For most LSAA's, the priority(s) you will be focusing on has already been identified for you. A few identified LSAA's will need to collect local level data to determine which priority to focus on. Once you have your identified priority(s), the state level logic model for that priority will be your starting point. The consequences and consumption patterns will not change from the state level logic model; this work has been done for you. Where the community logic models will differ is in respect to the Causal Factors. All communities will need to collect data on each of the Causal Factors to determine which are operating in their respective communities. Once you have determined which Causal Factors are operating in your community, you will edit the logic model to include just those Causal Factors and specify which indicators of the causal factors are relevant. For example, if you identify Criminal Justice/Enforcement as a Causal Factor, is it perception of enforcement or lack of prosecution that is the issue? Or both? This step is important because you will then select specific strategies that specifically target your identified Causal Factors. Once those have been identified, you create program-level logic models for the strategies.

The community logic model is not to be confused with program-level logic models. Program-level logic models describe how a specific program or strategy will work, including what population will be targeted,

what activities will take place, what the theory of change is, and what the short- and long-term outcomes will be. The Community Logic Model describes the way the SPF process flows within a given community and how the data translate into effective prevention services.